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Clinical Sonography & Telecytology

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DATE

6/10/22

PATIENT

Pebbles Mendoza

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

1/1/17

WEIGHT

48 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Roper

INVOICE

38652

PRESENTING CLINICAL SIGNS

Presented for a suspected stump pyometra. O adopted P in March and was acting normal until about 2-3 weeks ago where P became lethargic and decrease appetite. rDVM did bloodwork: increased WBC. Moderate dehydration, tense abdomen and bloody vaginal discharge on PE.

Current Medications: Buprenorphine, Gabapentin, Methocarbamol, Carprofen, Clavamox, Katamine, Midazolam, Amp/Sulb, Maropitant Citrate.

Lab Results: Lyme negative, HW negative, EC-EE negative, AP_spp negative. PCV 53 (37-55), TS 8.4 (5.0-8.0), PCV 46 (37-55), TS 8.0 (5.0-8.0).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented mildly echogenic urine. Minor trigonal bladder wall thickening noted with a slight amount of sand. Foley catheter was present in the deep pelvic urethra.

The **kidneys** presented moderate degenerative renal changes with irregular contour, cortical remodeling and infarcts, with pelvic calculi and mild pyelectasia. The right kidney measured 5.27 cm. The left kidney measured 6.42 cm with mild enhanced pericapsular fat, suggestive for active inflammation. Slight pinpoint mineralizations noted in both kidneys.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.29 cm x 0.72 cm. The left adrenal gland measured 2.29 cm x 0.52 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Reactive mesenteric lymph nodes noted at 2.2 cm x 0.8 cm on the largest one.

The uterine stump was thickened, measuring up to 1.0 cm. Clear separation from the dorsocaudal bladder serosa was not evident.

PRIMARY FINDINGS

- Thickened uterine stump, yet without significant inflammation
- Renal calculi and moderate degenerative renal changes
- Minor bladder sand

SECONDARY FINDINGS

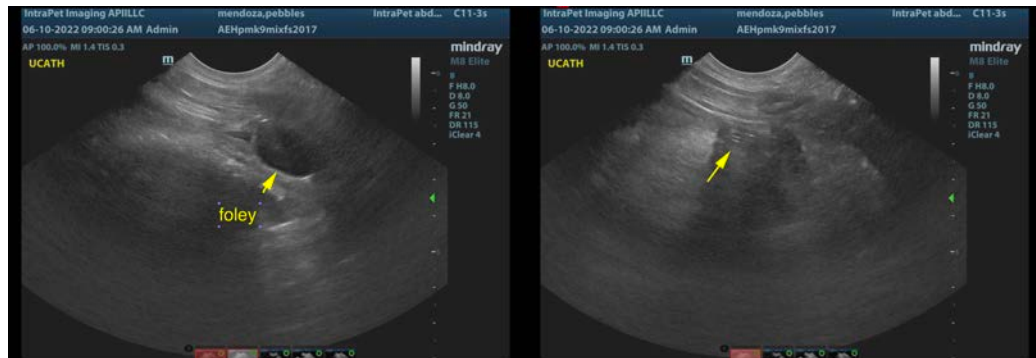
- Gastric ingesta
- Reactive lymphadenopathy

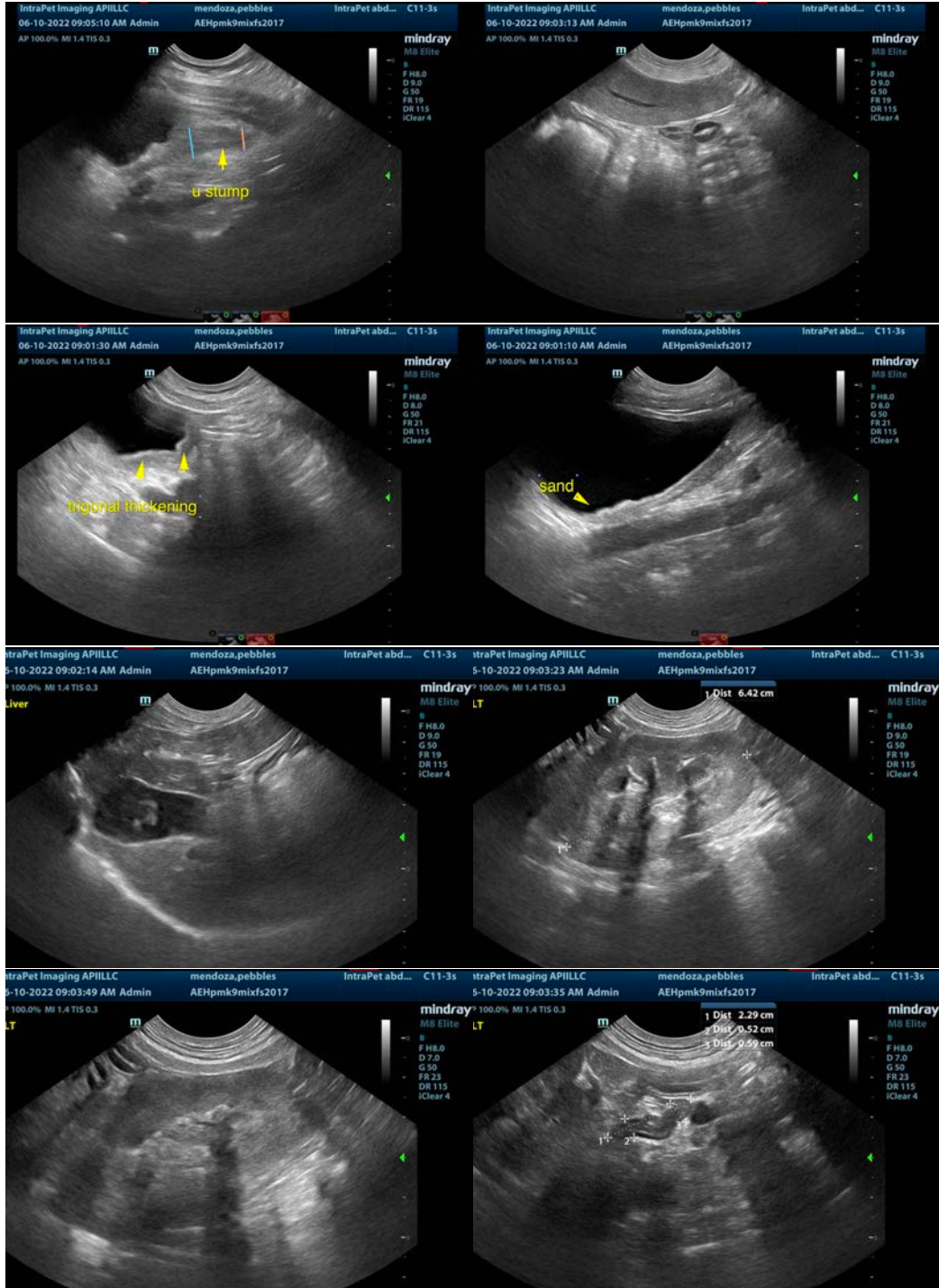
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

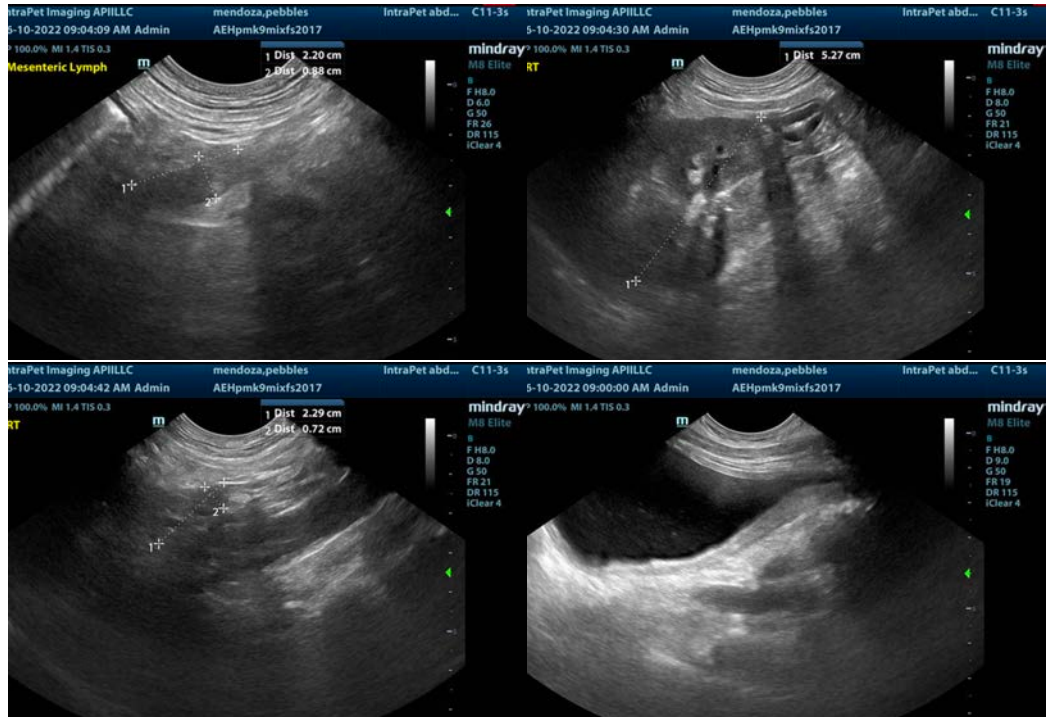
Recommend urine culture and sensitivity. Medical management is a potential in this patient. However, surgical intervention for bladder lavage and inspection of the uterine stump upon the trigone may be necessary. However, these changes are fairly minor.

The patient may be passing calculi periodically from the kidneys through the lower urinary tract. The bladder sand should pass, given that this is a female. IV fluid support, injectable antibiotics based on urine culture and sensitivity results recommended and reassessment of the clinical status over the next 48-72 hours. Recheck sonogram of the bladder and uterine stump region after one week of antibiotic therapy. Enrofloxacin is the suggested antibiotic from an empirical standpoint.

No overt obstructive urolithiasis noted at the time of the sonogram. No obvious ovarian remnant noted in the ovarian fossa. Concern is that there may be adhesion of the uterine stump upon the dorsal aspect of the cystourethral junction, yet this is a very subjective assessment and may be more clear at the time of recheck.







The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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